

Questionnaire

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Questionnaire

1. Gender ☐ Male ☐ Female
2. Age: _____
3. Religion ☐ Islam ☐ Hinduism ☐ Buddhism
☐ Christians
4. Marital status ☐ Married ☐ Unmarried ☐ Divorced
☐ Widowed
5. Education ☐ Illiterate ☐ Primary ☐ Secondary
☐ Higher
6. Housing Condition ☐ Slum ☐ Apartment (Rent) ☐ Apartment (Own)
7. Number of family member under the same roof: _____
8. Currently Working ☐ Yes ☐ No
9. Income ☐ Below 10K ☐ 10K-20K ☐ 20K-50K
☐ Above 50K
10. Height: _____
11. Weight: _____
12. Family history of Hypertension ☐ Yes ☐ No
13. History of Health Disease ☐ Yes ☐ No
14. Having any major Disease: _____
15. Smoke ☐ Yes ☐ No
16. Alcohol consumption ☐ Yes ☐ No
17. Coffee intake in a Day ☐ ≤ 3 Cups ☐ > 3 Cups
18. Hours of walking ☐ ≤ 30 Minutes ☐ > 30 Minutes

19. Do you follow any diet schedule ☐ Yes ☐ No
20. Pulse rate: _____
21. Blood pressure: _____
22. How many hours do you sleep?: _____
23. Taking regular check-up ☐ Yes ☐ No
24. Medication for Hypertension ☐ Yes ☐ No
25. If Hypertensive, reasons for not taking medications: _____